

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | |
|---|-----------------------------------|---|--------------|---|---|----|---|---|---|---|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>10/530 290</u> | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | | | | | | | |
| <input checked="" type="checkbox"/> | Filing | | \$ <u>50</u> | | | | | | | |
| <input type="checkbox"/> | Amendment | | \$ | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | \$ | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | \$ | | | | | | | |
| <input type="checkbox"/> | Petition | | \$ | | | | | | | |
| <input type="checkbox"/> | Issue | | \$ | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | \$ | | | | | | | |
| <input type="checkbox"/> | Maintenance | | \$ | | | | | | | |
| <input type="checkbox"/> | Assignment | | \$ | | | | | | | |
| <input type="checkbox"/> | Other | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | | | | | | | |
| | | \$ <u>50</u> | | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | Treasury Check | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | Credit Deposit A/C #: | | | | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | 9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>2</td><td>--</td><td>2</td><td>4</td><td>4</td><td>8</td> </tr> </table> | | 0 | 2 | -- | 2 | 4 | 4 | 8 |
| 0 | 2 | -- | 2 | 4 | 4 | 8 | | | | |
| <i>Rule change - 08 Dec 2004</i> | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | |
| TYPED/PRINTED NAME: | | TITLE: <u>Supervisor</u> | | | | | | | | |
| SIGNATURE: <u>Terry M. Johnson</u> | | PHONE: <u>703-308-9140</u> | | | | | | | | |
| OFFICE: <u>DO/E0</u> | | <small>Repln. Ref: 07/27/2005 PROOKER 000552600 DAH:022448 Name/Number:10530290 *****50.00 CB*****</small> | | | | | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: